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MONTHLY NOTIFIABLE DISEASE SURVEILLANCE REPORT

Data contained within this monthly report is based on information recorded on EpiSurv by Public Health Service (PHS) staff at 09 March 2017. Changes made to EpiSurv data after this date will not be reflected in this report. The results presented may be updated and should be regarded as provisional.

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1. Key notifiable disease trends

Campylobacteriosis: 558 cases of campylobacteriosis (546 confirmed, 1 probable and 11 under investigation) were notified in February 2017 compared to 454 cases notified during the same month of the previous year. The highest rates were reported in Hawke's Bay (822.2 cases per 100,000 population, 24 cases), South Canterbury (299.7 per 100,000, 10 cases) and Southern (196.6 per 100,000, 97 cases) DHBs, compared to a national rate of 159.9 per 100,000. Forty-two people were hospitalised. Cases ranged in age from two months to 96 years, and the highest numbers of cases were reported in the 20–29 years (82 cases) and 50–59 years (79 cases) age groups. One finalised *Campylobacter* outbreak was created in February (3 cases).

Chikungunya fever: One confirmed case of chikungunya fever was notified in February 2017 compared to two confirmed and one probable case notified during the same month of the previous year. The case reported overseas travel to Fiji during the incubation period.

Dengue Fever: 12 confirmed cases of dengue fever were notified in February 2017 compared to 41 cases notified during the same month of the previous year. All cases had been overseas during the incubation period, including two cases that visited more than one country. The countries visited included Vanuatu (4 cases), Fiji and Thailand (2 cases each), and India, Indonesia, New Caledonia, Papa New Guinea, Solomon Islands, Sri Lanka and Vietnam (1 case each).

Hepatitis A: 10 cases of hepatitis A (6 confirmed and 4 under investigation) were notified in February 2017 compared to seven cases notified during the previous month and two cases notified during the same month of the previous year. Ethnicity was recorded for 90.0% (9/10) of cases and were reported in the following ethnic groups: Pacific peoples (6 cases), Asian (2 cases) and Maori (1 case). Cases were reported in the following DHBs: Counties Manukau (6 cases), Waitemata (2 cases), Auckland and Capital & Coast (1 case each). Cases were reported in the 15–19 years (4 cases), 10–14 years and 20–29 years (2 cases each), 5–9 years and 30–39 years (1 case each) age groups. Five cases travelled overseas during the incubation period. The countries visited included Samoa (2 cases), Pakistan, Philippines and Tonga (1 case each). Four cases reported being in contact with confirmed cases within the previous three months. One interim Hepatitis A outbreak (case numbers yet to be determined) was created in February.

Invasive pneumococcal disease: 23 cases of invasive pneumococcal disease (19 confirmed and 4 under investigation) were notified in February 2017 compared to 13 cases notified during the same month of the previous year. The highest numbers of cases were reported from Waitemata (6 cases), Bay of Plenty (3 cases), Northland, Auckland, Counties Manukau, Waikato, and Canterbury (2 cases each) DHBs. The cases ranged in age from 25 years to 93 years, with the highest numbers of cases in the 70 years and over age group (9 cases). Twenty-one cases were hospitalised and four deaths were reported. Among the cases for which risk factor information was recorded, 58.8% (10/17) had a chronic illness, 16.7% (3/18) had chronic lung disease or cystic fibrosis, and 16.7% (2/12) were current smokers.

Leptospirosis: 11 cases of leptospirosis (5 confirmed, 1 probable and 5 under investigation) were notified in February 2017 compared to four cases notified during the same month of the previous year. The highest number of cases were reported from Hawke's Bay, Southern and Taranaki (2 cases each) DHBs. Cases were reported in the 20–29 years (4 cases each), 30–39 years, 50–59 (3 cases each), and 70 and over (1 case) age groups. Occupation was recorded for 81.8% (9/11) of cases. Of these, seven were engaged in occupation previously identified as high risk exposure to *Leptospira* species: farmers or farm workers (6 cases) and meat worker (1 case). One case reported exposure through ingesting/aspirated stream water and another by contact with bats and mice. Two cases did not have any risk factor information recorded. The *Leptospira* species was recorded for two cases; *L.* Hardjo and *L.* Tarassovi.

Measles: Seven confirmed cases of measles were notified in February compared to five cases notified during the same month of the previous year. Cases were reported in the 15–19 years (4 cases), 20–29 years (2 cases) and 50–59 years (1 case) age groups. All cases were from MidCentral DHB. Three cases were recorded as immunised of which two cases had received two doses of the vaccine and one case had received one dose. One interim measles outbreak (case numbers yet to be determined) was created in February.

Mumps: 21 cases of mumps (14 confirmed, 2 probable and 5 under investigation) were notified in February 2017 compared with zero cases notified during the same month of the previous year (Figure 1). The cases were reported from Counties Manukau, Waitemata DHB (6 cases each), Northland (3 cases), Auckland (2 cases), Waikato, Taranaki, Capital & Coast, and Canterbury DHBs (1 case each). Cases were in the 1–4 years, 10–14 years, 20–29 years (4 cases), 15–19 years, 30–39 years (3 cases each), 40–49 years (2 cases) and 5–9 years (1 case) age groups. Seven cases were recorded as immunised of which four cases had received two doses of the vaccine and three cases had received one dose. Two interim mumps virus outbreaks (case numbers yet to be determined) were created in February.

Salmonellosis: 95 cases of salmonellosis (92 confirmed and 3 under investigation) were notified in February 2017 compared to 133 cases notified during the same month of the previous year. The highest numbers of cases were reported from Canterbury (17 cases), Auckland (10 cases), Waitemata, Capital & Coast, and Southern (9 cases each) DHBs. The cases ranged in age from 4 months to 84 years, with the highest numbers of cases in the 1–4 years (19 cases), 20–29 years (15 cases) and 50–59 years (14 cases) age groups. Twelve cases were hospitalised. The *Salmonella* serotypes were identified in 95.8% (91/95) of cases, the most common were *S*. Typhimurium phage type 101 (7 cases), *S*. Saintpaul (6 cases), *S*. Enteritidis phage type 11 and *S*. Typhimurium phage type 56 (5 cases each). Among the cases for which risk factor information was recorded, 34.5% (20/58) had travelled overseas during the incubation period for the disease, 33.3% (13/39) had consumed food from a food premises, 32.5% (13/40) had consumed untreated water and 20.0% (8/40) had contact with farm animals.

VTEC/STEC infection: 52 cases of VTEC/STEC infection (49 confirmed and 3 under investigation) were notified in February 2017 compared to 75 cases confirmed during the same month of the previous year (Figure 2). After further investigation, one case has since been found not to meet the case criteria. The 12-month rate for the period ending 28 February 2017 (8.2 cases per 100,000 population) was lower than for the same period in the previous year (8.7 cases per 100,000). The highest numbers of cases were reported from Southern (12 cases), Waitemata (9 cases), Auckland and Counties Manukau (6 cases each) DHBs. Cases ranged in age from 5 months to 93 years, with the highest number of cases in the 1–4 years (10 cases). Nine cases were hospitalised. Twenty-two cases have been confirmed by the Enteric Reference Laboratory as being infected with VTEC/STEC, and of these the serotype was identified as *Escherichia coli* O157:H7 (17 cases) and non-O157 (5 cases). Of the cases for which risk factor information was recorded, 67.7% (21/31) had contact with animals, 39.3% (11/28) had recreational contact with water, and 20.0% (5/25) had contact with children in nappies during the incubation periods for the disease. One finalised *E. coli* O157 outbreak was created in February (2 cases).

Yersiniosis: 68 cases of yersiniosis (67 confirmed and 1 under investigation) were notified in February 2017 compared to 39 cases notified in the same month of the previous year. The highest numbers of cases were reported from Canterbury (9 cases), Capital & Coast (8 cases) and Waikato (7 cases) DHBs. Cases ranged in age from 3 months to 78 years, with the highest number of cases in the 50–59 years (12 cases), 20–29 years and 60–69 years (11 cases) age groups. Seven cases were hospitalised. The *Yersinia* species involved was identified by ESR for 91.2% (62/68) cases. The most common *Y. enterocolitica* biotypes reported were Biotype 2 (34 cases), Biotype 3 (13 cases) and Biotype 4 (10 cases). Among the cases for which risk factor information was recorded, 46.1% (12/26) had consumed food from a food premises, 20.0% (6/30) had recreational contact with water, 18.8% (6/32) attended school, preschool or childcare during the incubation period for the disease and 14.8% (4/27) had contact with other faecal matter or vomit.

2. Outbreaks

During February 2017, a total of 40 outbreaks (20 final and 20 interim) were created in EpiSurv (Table 1 and Table 2). Thirty-two (80.0%) were outbreaks of acute gastroenteritis (16 finalised and 16 interim) involving 240 cases in total. This compares with 20 acute gastroenteritis outbreaks involving 461 cases in total created during the same month of the previous year. Of the 32 acute gastroenteritis outbreaks, the pathogens were recorded as: norovirus (12 outbreaks) and histamine (scombroid) fish poisoning (1 outbreak). The most commonly reported mode of transmission in acute gastroenteritis outbreaks (43.8%, 14/32) was person-to-person (8 primary and 6 secondary). Of the outbreaks that had an exposure setting recorded (68.8%, 22/32) the most commonly reported setting were long term care facilities (8 outbreaks) and childcare centres (6 outbreaks).

Table 1. Summary of final outbreaks created in EpiSurv during February 2017

Organism/Toxin/Illness	DHB(s) where exposure occurred	Number of outbreaks	Total number of cases
Bordetella pertussis	Taranaki	1	4
Campylobacter[1]	Bay of Plenty	1	3
Escherichia coli O157	Counties Manukau	1	2
Gastroenteritis[1]	Auckland, Bay of Plenty Capital & Coast, Canterbury Southern	7	63
Histamine (scombroid) fish poisoning[1]	Bay of Plenty	1	2
Influenza B virus	Capital & Coast	1	10
Norovirus	Auckland, Hutt Valley, West Coast, Canterbury	8	121
Total		**20**	**205**

[1] Includes outbreak reported to PHSs prior to February 2017: *Campylobacter*, gastroenteritis, and histamine (scombroid) fish poisoning (1 each) reported in January 2017.

Table 2. Summary of interim outbreaks created in EpiSurv during February 2017

Organism/Toxin/Illness	DHB(s) where exposure occurred	Number of outbreaks	Total number of cases
Gastroenteritis[1, 2]	Auckland, Waikato, MidCentral, Wairarapa, Nelson Marlborough, Canterbury, Southern	12	24
Hepatitis A virus	Counties Manukau	1	4
Measles virus	MidCentral	1	7
Mumps virus	Northland, Waitemata	2	6
Norovirus[1]	Waitemata, Counties Manukau, Canterbury	4	30
Total		**20**	**71**

[1] Interim outbreak(s) where total number of cases had not been completed.

[2] Includes outbreak reported to PHSs prior to February 2017: gastroenteritis (1) reported in January 2017.

3. Deaths from notifiable diseases

Five deaths, where the primary cause of death was a notifiable disease, were reported in February 2017 (Table 3).

Table 3. Summary of deaths from notifiable diseases reported during February 2017

Disease	District health board	Age group (years)
Invasive pneumococcal disease	Auckland	50 to 59
Invasive pneumococcal disease	Bay of Plenty	50 to 59
Invasive pneumococcal disease	Waitemata	70+
Invasive pneumococcal disease	Waitemata	70+
Legionellosis	Canterbury	70+

4. Trends in selected diseases to February 2017

Figure 1. Mumps virus notifications by month, February 2010–February 2017

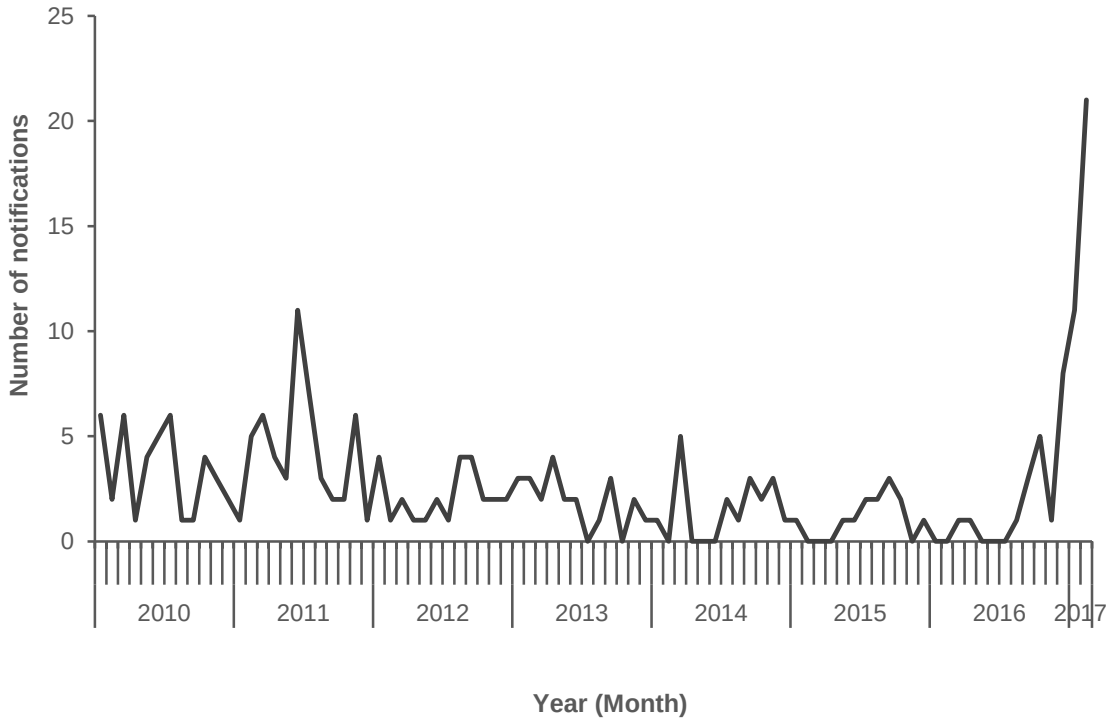
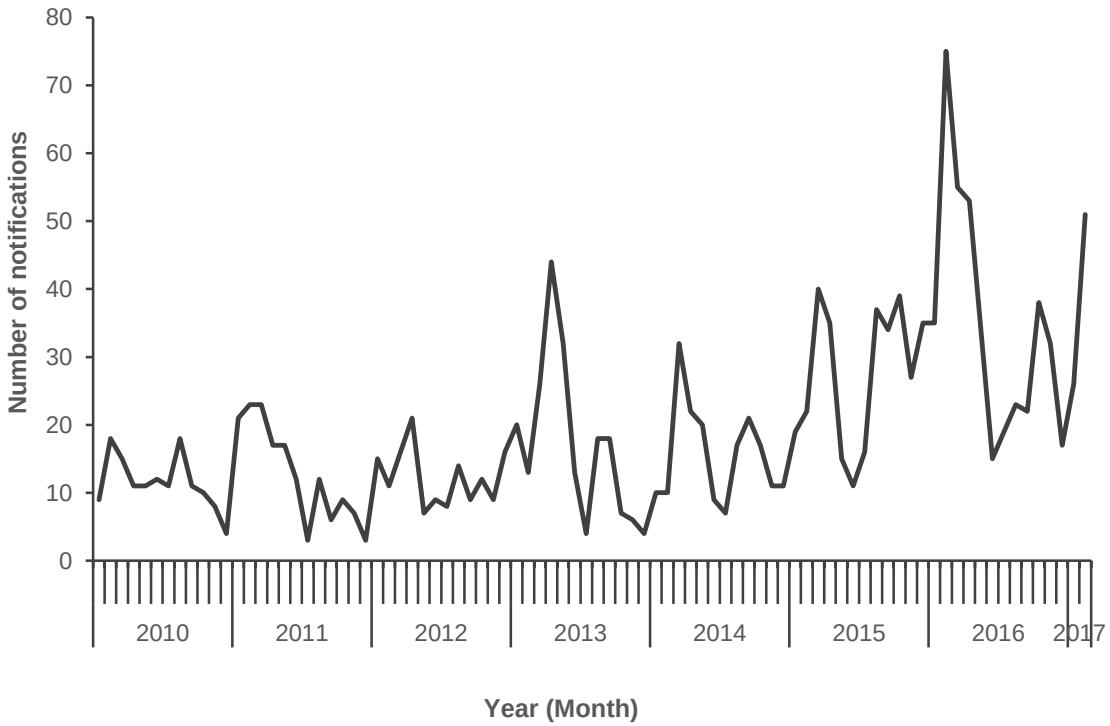


Figure 2. VTEC/STEC infection notifications by month, February 2010–February 2017



5. Data tables

National Notifiable Disease Surveillance Data February 2017

	Current Year - 2017[1]			Previous Year - 2016		
Disease	February 2017 Cases	Cumulative total since 1 January	Current 12 Month Rate[2]	February 2016 Cases	Cumulative total since 1 January	Current 12 Month Rate[2]
Campylobacteriosis	558	1221	159.9	454	1174	136.2
Cryptosporidiosis	43	92	22.8	42	83	15.8
Dengue fever	12	21	3.3	41	56	2.8
Gastroenteritis[3]	29	57	10.5	41	75	10.8
Giardiasis	145	259	33.3	181	314	33.7
Haemophilus influenzae type b	0	0	0	0	1	0.1
Hepatitis A	10	17	1	2	4	0.8
Hepatitis B[4]	8	13	0.9	4	4	0.7
Hepatitis C[4]	3	6	0.6	3	8	0.7
Invasive pneumococcal disease	23	58	10.6	13	36	9.8
Legionellosis	27	64	5.3	21	61	6.2
Leptospirosis	11	23	2.2	4	7	1.2
Listeriosis	0	1	0.7	2	5	0.6
Malaria	2	7	0.6	4	7	0.8
Measles	7	9	2.3	5	6	0.3
Meningococcal disease	1	6	1.6	1	7	1.4
Mumps	21	32	1.1	0	0	0.3
Paratyphoid fever	5	5	0.7	4	6	0.7
Pertussis	113	206	23.3	84	207	27.1
Rheumatic fever[5]	12	22	3	9	19	2.4
Rickettsial disease	1	1	0.1	0	2	0.2
Rubella	0	0	0	1	1	0
Salmonellosis	95	205	22.4	133	245	22.8
Shigellosis	16	38	3.8	15	32	2.4
Tuberculosis disease	28	64	6.6	27	50	6.5
Typhoid fever	4	9	0.7	5	12	1
VTEC/STEC infection	52	78	8.2	75	110	8.7
Yersiniosis	68	136	19	39	101	14.1

[1] These data are provisional.

[2] Rate is based on the cumulative total for the current year (12 months up to and including February 2017) or the previous year (12 months up to and including February 2016), expressed as cases per 100 000. This includes cases still under investigation.

[3] Cases of gastroenteritis from a common source or foodborne intoxication.

[4] Only acute cases of this disease are currently notifiable.

[5] Numbers are based on report date. This may not be a good indicator of newly incident cases as a high proportion of notifications have substantial reporting delays.

Other notifiable infectious disease reported in February: Brucellosis (1) , Chemical poisoning from the environment (1) , Chikungunya fever (1) , Taeniasis (1) , Zika virus (1)

Notifiable Disease Surveillance Data by District Health Board February 2017

Cases[1] and current rate[2] for February 2017 by District Health Board[3]																					
Disease		Northland	Waitemata	Auckland	Counties Manukau	Waikato	Lakes	Bay of Plenty	Tairawhiti	Taranaki	Hawke's Bay	Whanganui	MidCentral	Hutt Valley	Capital and Coast	Wairarapa	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Campylobacteriosis	Cases	19	59	38	43	43	17	19	2	24	24	8	24	15	34	5	15	3	59	10	97
	Rate	162.8	123.9	100.6	93.2	144.7	126.6	112.5	156.9	195.2	822.2	165.1	172.2	132.3	139.6	160.6	120.2	175.4	147.3	229.7	196.6
Cryptosporidiosis	Cases	3	8	7	5	3	0	0	1	0	0	0	0	0	5	1	0	1	6	0	3
	Rate	62.4	23.4	19.3	18.2	30.3	17.8	7.1	23	38.5	14.9	33.3	31	8.9	20.2	48.2	18.4	12.3	21.1	25.3	20.1
Dengue fever	Cases	0	1	2	4	0	0	1	0	2	0	0	1	0	1	0	0	0	0	0	0
	Rate	1.2	3.6	2.8	4.1	3.3	0.9	6.6	0	5.1	5.6	0	2.3	3.4	4.6	2.3	3.4	0	3	1.7	2.2
Gastroenteritis	Cases	1	3	5	3	0	1	0	0	0	0	0	1	1	6	0	0	1	7	0	0
	Rate	8.8	9	17.7	7.7	1.8	12.2	12.4	0	6	1.9	17.5	21.8	21.2	22.5	20.6	1.4	27.7	9.6	3.4	3.8
Giardiasis	Cases	7	10	22	25	16	5	5	0	3	4	2	2	3	16	0	4	0	12	0	9
	Rate	34.4	29.6	34.1	35.8	35.3	45	30.4	140.2	36	42.1	25.4	21.2	26	40.1	20.6	32.8	21.5	27.6	27	26.7
Haemophilus influenzae type b	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0	0	0	0.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A	Cases	0	2	1	6	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
	Rate	0.6	1.4	1.2	2.6	0.3	0	0	0	0.9	0	0	0	0.7	2.3	0	2.7	3.1	0.4	0	0.6
Hepatitis B	Cases	0	0	1	2	3	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
	Rate	0	0.3	2	1.9	1.8	0	0.4	0	2.6	0.6	0	0	0	0.7	2.3	0	0	0.9	0	0.3
Hepatitis C	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0
	Rate	0.6	0	0	0	0	0.9	0	0	1.7	1.2	0	0	2.1	0.7	2.3	1.4	0	1.7	1.7	1.3
Invasive pneumococcal	Cases	2	6	2	2	2	0	3	1	0	0	0	0	0	1	0	1	0	2	0	1
	Rate	19.8	10.7	10.4	16.1	8.5	18.8	17.2	18.8	1.7	8.1	11.1	4	6.9	8.5	6.9	7.5	3.1	8.2	18.6	7.5
Legionellosis	Cases	1	3	2	4	0	2	3	0	0	0	0	0	1	0	0	4	3	3	0	1
	Rate	12.8	4.9	5.1	5.1	3.5	3.8	9.7	0	1.7	1.2	0	1.7	4.8	2	4.6	10.2	18.5	8.5	5.1	4.4
Leptospirosis	Cases	1	0	0	0	1	0	1	0	2	2	1	1	0	0	0	0	0	0	0	2
	Rate	9.3	0.5	0.2	0.6	6.3	0.9	1.3	2.1	6.8	9.3	6.3	3.4	0	0.3	2.3	2	6.2	0.2	0	2.2
Listeriosis	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0	0.5	0.6	0.7	0.8	0	1.8	2.1	0	1.2	0	0	2.1	0.7	0	2	0	0.6	0	0.6
Malaria	Cases	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
	Rate	1.2	0.7	1.6	0	0.8	0	1.3	0	0.9	0	0	0	0	0	0	1.4	0	0.4	0	0.3
Measles	Cases	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0
	Rate	3.5	0.2	0.4	0.4	14	0	0	0	0	0	0	16.1	0.7	1.6	2.3	2	0	0	0	0.3
Meningococcal disease	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Rate	1.2	1	1.2	2.2	1.8	0.9	3.1	0	0	1.2	0	1.1	0	2	2.3	0.7	0	0.6	0	5.6
Mumps	Cases	3	6	2	6	1	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0
	Rate	2.3	3	1	2.1	0.3	2.8	0	0	0.9	0.6	0	0	0.7	1	0	0	3.1	0.4	0	0.3
Paratyphoid fever	Cases	0	1	1	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
	Rate	0	0.3	2	0.9	0	0	0	0	0.9	1.2	0	0.6	0.7	0.7	2.3	0	0	0.7	0	0.6
Pertussis	Cases	3	11	1	1	4	7	7	3	9	3	4	2	4	23	0	1	0	18	4	8
	Rate	5.8	16.1	8.5	7.1	27.3	49.7	24.3	12.6	88.2	8.7	22.2	16.1	13	41.1	0	27.3	6.2	46.3	18.6	24.1
Q fever	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever[4]	Cases	0	0	2	5	2	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
	Rate	2.3	3	4.3	9	1.8	4.7	4	2.1	0.9	5	0	2.9	2.1	2.3	0	0	0	0.4	0	0
Rickettsial disease	Cases	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0	0	0.2	0.2	0.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0	0	0	0	0	0	0.4	0	0	0	0	0	0	0	0	0	0	0.2	0	0
Salmonellosis	Cases	6	9	10	6	8	1	1	0	0	3	0	3	3	9	2	7	0	17	1	9
	Rate	25.7	17.1	18.9	12.9	30.3	19.7	17.6	83.7	18.8	22.9	19	25.8	17.1	21.2	29.8	22.5	18.5	27.1	32.1	30.1
Shigellosis	Cases	0	1	2	7	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	4
	Rate	1.8	6.3	5.9	7.7	3.3	0	4	8.4	0	1.2	1.6	1.1	2.7	3.9	0	1.4	0	1.9	0	3.1
Tuberculosis disease	Cases	0	4	8	3	0	1	0	0	0	1	0	0	0	3	0	1	0	6	0	1
	Rate	0.6	6.6	12.8	11.6	5	4.7	3.1	2.1	3.4	9.9	3.2	2.9	2.7	7.8	6.9	4.8	0	6.7	3.4	2.5
Typhoid fever	Cases	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
	Rate	0	0.7	2.2	1.5	0.3	0.9	0.9	0	0	0.6	1.6	1.1	0.7	0.3	0	0	0	0.2	0	0.3
Viral Haemorrhagic Fever	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VTEC/STEC infection	Cases	5	9	6	7	4	2	1	0	1	0	0	0	0	1	0	0	0	3	1	12
	Rate	24.5	11.2	6.3	11.2	11.3	7.5	6.6	0	13.7	5.6	7.9	2.3	1.4	1	2.3	5.5	3.1	2	15.2	15.4
Yersiniosis	Cases	2	6	6	5	7	4	6	2	1	1	0	0	1	8	1	0	0	9	4	5
	Rate	16.9	19	19.1	10.3	15	26.3	25.6	20.9	6.8	13	7.9	6.9	19.9	30	13.8	6.1	24.6	33	33.8	17.6

[1] These data are provisional.

[2] Current rate is based on the cumulative total for the 12 months up to and including February 2017 expressed as cases per 100 000. This includes cases still under investigation.

[3] Further data are available from the local Medical Officer of Health.

[4] Rates are based on report date. This may not be a good indicator of newly incident cases as a high proportion of notifications have substantial reporting delays.

Notifiable Disease Surveillance Data by District Health Board February 2017

Cases[1] and current rate[2] for February 2017 by District Health Board[3]

Disease		Northland	Waitemata	Auckland	Counties Manukau	Waikato	Lakes	Bay of Plenty	Tairawhiti	Taranaki	Hawke's Bay	Whanganui	MidCentral	Hutt Valley	Capital and Coast	Wairarapa	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Campylobacteriosis	Cases	19	59	38	43	43	17	19	2	24	24	8	24	15	34	5	15	3	59	10	97
	Rate	162.8	123.9	100.6	93.2	144.7	126.6	112.5	156.9	195.2	822.2	165.1	172.2	132.3	139.6	160.6	120.2	175.4	147.3	229.7	196.6
Cryptosporidiosis	Cases	3	8	7	5	3	0	0	1	0	0	0	0	0	5	1	0	1	6	0	3
	Rate	62.4	23.4	19.3	18.2	30.3	17.8	7.1	23.0	38.5	14.9	33.3	31.0	8.9	20.2	48.2	18.4	12.3	21.1	25.3	20.1
Dengue fever	Cases	0	1	2	4	0	0	1	0	2	0	0	1	0	1	0	0	0	0	0	0
	Rate	1.2	3.6	2.8	4.1	3.3	0.9	6.6	0.0	5.1	5.6	0.0	2.3	3.4	4.6	2.3	3.4	0.0	3.0	1.7	2.2
Gastroenteritis	Cases	1	3	5	3	0	1	0	0	0	0	0	1	1	6	0	0	1	7	0	0
	Rate	8.8	9.0	17.7	7.7	1.8	12.2	12.4	0.0	6.0	1.9	17.5	21.8	21.2	22.5	20.6	1.4	27.7	9.6	3.4	3.8
Giardiasis	Cases	7	10	22	25	16	5	5	0	3	4	2	2	3	16	0	4	0	12	0	9
	Rate	34.4	29.6	34.1	35.8	35.3	45.0	30.4	140.2	36.0	42.1	25.4	21.2	26.0	40.1	20.6	32.8	21.5	27.6	27.0	26.7
Haemophilus influenzae type b	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hepatitis A	Cases	0	2	1	6	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
	Rate	0.6	1.4	1.2	2.6	0.3	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.7	2.3	0.0	2.7	3.1	0.4	0.0	0.6
Hepatitis B	Cases	0	0	1	2	3	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
	Rate	0.0	0.3	2.0	1.9	1.8	0.0	0.4	0.0	2.6	0.6	0.0	0.0	0.0	0.7	2.3	0.0	0.0	0.9	0.0	0.3
Hepatitis C	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0
	Rate	0.6	0.0	0.0	0.0	0.0	0.9	0.0	0.0	1.7	1.2	0.0	0.0	2.1	0.7	2.3	1.4	0.0	1.7	1.7	1.3
Invasive pneumococcal disease	Cases	2	6	2	2	2	0	3	1	0	0	0	0	0	1	0	1	0	2	0	1
	Rate	19.8	10.7	10.4	16.1	8.5	18.8	17.2	18.8	1.7	8.1	11.1	4.0	6.9	8.5	6.9	7.5	3.1	8.2	18.6	7.5
Legionellosis	Cases	1	3	2	4	0	2	3	0	0	0	0	0	1	0	0	4	3	3	0	1
	Rate	12.8	4.9	5.1	5.1	3.5	3.8	9.7	0.0	1.7	1.2	0.0	1.7	4.8	2.0	4.6	10.2	18.5	8.5	5.1	4.4
Leptospirosis	Cases	1	0	0	0	1	0	1	0	2	2	1	1	0	0	0	0	0	0	0	2
	Rate	9.3	0.5	0.2	0.6	6.3	0.9	1.3	2.1	6.8	9.3	6.3	3.4	0.0	0.3	2.3	2.0	6.2	0.2	0.0	2.2
Listeriosis	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.5	0.6	0.7	0.8	0.0	1.8	2.1	0.0	1.2	0.0	0.0	2.1	0.7	0.0	2.0	0.0	0.6	0.0	0.6
Malaria	Cases	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
	Rate	1.2	0.7	1.6	0.0	0.8	0.0	1.3	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.4	0.0	0.3
Measles	Cases	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0
	Rate	3.5	0.2	0.4	0.4	14.0	0.0	0.0	0.0	0.0	0.0	0.0	16.1	0.7	1.6	2.3	2.0	0.0	0.0	0.0	0.3
Meningococcal disease	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Rate	1.2	1.0	1.2	2.2	1.8	0.9	3.1	0.0	0.0	1.2	0.0	1.1	0.0	2.0	2.3	0.7	0.0	0.6	0.0	5.6
Mumps	Cases	3	6	2	6	1	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0
	Rate	2.3	3.0	1.0	2.1	0.3	2.8	0.0	0.0	0.9	0.6	0.0	0.0	0.7	1.0	0.0	0.0	3.1	0.4	0.0	0.3
Paratyphoid fever	Cases	0	1	1	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
	Rate	0.0	0.3	2.0	0.9	0.0	0.0	0.0	0.0	0.9	1.2	0.0	0.6	0.7	0.7	2.3	0.0	0.0	0.7	0.0	0.6
Pertussis	Cases	3	11	1	1	4	7	7	3	9	3	4	2	4	23	0	1	0	18	4	8
	Rate	5.8	16.1	8.5	7.1	27.3	49.7	24.3	12.6	88.2	8.7	22.2	16.1	13.0	41.1	0.0	27.3	6.2	46.3	18.6	24.1
Q fever	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rheumatic fever[4]	Cases	0	0	2	5	2	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
	Rate	2.3	3.0	4.3	9.0	1.8	4.7	4.0	2.1	0.9	5.0	0.0	2.9	2.1	2.3	0.0	0.0	0.0	0.4	0.0	0.0
Rickettsial disease	Cases	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.0	0.2	0.2	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rubella	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Salmonellosis	Cases	6	9	10	6	8	1	1	0	0	3	0	3	3	9	2	7	0	17	1	9
	Rate	25.7	17.1	18.9	12.9	30.3	19.7	17.6	83.7	18.8	22.9	19.0	25.8	17.1	21.2	29.8	22.5	18.5	27.1	32.1	30.1
Shigellosis	Cases	0	1	2	7	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	4
	Rate	1.8	6.3	5.9	7.7	3.3	0.0	4.0	8.4	0.0	1.2	1.6	1.1	2.7	3.9	0.0	1.4	0.0	1.9	0.0	3.1
Tuberculosis disease	Cases	0	4	8	3	0	1	0	0	0	1	0	0	0	3	0	1	0	6	0	1
	Rate	0.6	6.6	12.8	11.6	5.0	4.7	3.1	2.1	3.4	9.9	3.2	2.9	2.7	7.8	6.9	4.8	0.0	6.7	3.4	2.5
Typhoid fever	Cases	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
	Rate	0.0	0.7	2.2	1.5	0.3	0.9	0.9	0.0	0.0	0.6	1.6	1.1	0.7	0.3	0.0	0.0	0.0	0.2	0.0	0.3
Viral Haemorrhagic Fever	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
VTEC/STEC infection	Cases	5	9	6	7	4	2	1	0	1	0	0	0	0	1	0	0	0	3	1	12
	Rate	24.5	11.2	6.3	11.2	11.3	7.5	6.6	0.0	13.7	5.6	7.9	2.3	1.4	1.0	2.3	5.5	3.1	2.0	15.2	15.4
Yersiniosis	Cases	2	6	6	5	7	4	6	2	1	1	0	0	1	8	1	0	0	9	4	5
	Rate	16.9	19.0	19.1	10.3	15.0	26.3	25.6	20.9	6.8	13.0	7.9	6.9	19.9	30.0	13.8	6.1	24.6	33.0	33.8	17.6

[1] These data are provisional.

[2] Current rate is based on the cumulative total for the 12 months up to and including February 2017 expressed as cases per 100 000. This includes cases still under investigation.

[3] Further data are available from the local Medical Officer of Health.

[4] Rates are based on report date. This may not be a good indicator of newly incident cases as a high proportion of notifications have substantial reporting delays.

EpiSurv data as at 9/03/2017 12:00:00 a.m.

National Notifiable Disease Surveillance Data February 2017

	Current Year - 2017[1]			Previous Year - 2016		
Disease	February 2017 Cases	Cumulative total since 1 January	Current 12 Month Rate[2]	February 2016 Cases	Cumulative total since 1 January	Current 12 Month Rate[2]
Campylobacteriosis	558	1221	159.9	454	1174	136.2
Cryptosporidiosis	43	92	22.8	42	83	15.8
Dengue fever	12	21	3.3	41	56	2.8
Gastroenteritis[3]	29	57	10.5	41	75	10.8
Giardiasis	145	259	33.3	181	314	33.7
Haemophilus influenzae type b	0	0	0.0	0	1	0.1
Hepatitis A	10	17	1.0	2	4	0.8
Hepatitis B[4]	8	13	0.9	4	4	0.7
Hepatitis C[4]	3	6	0.6	3	8	0.7
Invasive pneumococcal disease	23	58	10.6	13	36	9.8
Legionellosis	27	64	5.3	21	61	6.2
Leptospirosis	11	23	2.2	4	7	1.2
Listeriosis	0	1	0.7	2	5	0.6
Malaria	2	7	0.6	4	7	0.8
Measles	7	9	2.3	5	6	0.3
Meningococcal disease	1	6	1.6	1	7	1.4
Mumps	21	32	1.1	0	0	0.3
Paratyphoid fever	5	5	0.7	4	6	0.7
Pertussis	113	206	23.3	84	207	27.1
Rheumatic fever[5]	12	22	3.0	9	19	2.4
Rickettsial disease	1	1	0.1	0	2	0.2
Rubella	0	0	0.0	1	1	0.0
Salmonellosis	95	205	22.4	133	245	22.8
Shigellosis	16	38	3.8	15	32	2.4
Tuberculosis disease	28	64	6.6	27	50	6.5
Typhoid fever	4	9	0.7	5	12	1.0
VTEC/STEC infection	52	78	8.2	75	110	8.7
Yersiniosis	68	136	19.0	39	101	14.1

[1] These data are provisional.

[2] Rate is based on the cumulative total for the current year (12 months up to and including February 2017) or the previous year (12 months up to and including February 2016), expressed as cases per 100 000. This includes cases still under investigation.

[3] Cases of gastroenteritis from a common source or foodborne intoxication.

[4] Only acute cases of this disease are currently notifiable.

[5] Numbers are based on report date. This may not be a good indicator of newly incident cases as a high proportion of notifications have substantial reporting delays.

Other notifiable infectious disease reported in February: Brucellosis (1) , Chemical poisoning from the environment (1) , Chikungunya fever (1) , Taeniasis (1) , Zika virus (1)

EpiSurv data as at 9/03/2017 12:00:00 a.m.

National Notifiable Disease Surveillance Data - Monthly totals for February 2017 and preceding 11 Months[1]

Disease	Feb 2017	Jan 2017	Dec 2016	Nov 2016	Oct 2016	Sep 2016	Aug 2016	Jul 2016	Jun 2016	May 2016	Apr 2016	Mar 2016
Campylobacteriosis	558	663	795	1103	855	572	1108	342	334	391	364	418
Cryptosporidiosis	43	49	48	95	202	213	129	51	48	77	65	51
Dengue fever	12	9	6	13	10	12	11	14	21	19	8	21
Gastroenteritis[2]	29	28	26	38	33	53	62	53	43	34	43	50
Giardiasis	145	114	101	130	142	128	129	96	121	129	144	182
Haemophilus influenzae type b	0	0	0	0	0	0	1	0	0	0	0	0
Hepatitis A	10	7	4	3	2	3	1	5	1	7	1	4
Hepatitis B[3]	8	5	4	5	3	4	1	5	1	3	3	1
Hepatitis C[3]	3	3	2	3	1	2	3	2	0	2	3	4
Invasive pneumococcal disease	23	35	34	41	41	69	50	60	47	45	28	24
Legionellosis	27	37	21	31	14	22	12	7	15	18	23	23
Leptospirosis	11	12	7	12	6	7	9	11	6	7	8	5
Listeriosis	0	1	3	4	2	1	3	1	3	4	5	6
Malaria	2	5	1	0	2	0	3	2	3	4	1	3
Measles	7	2	0	0	1	1	3	5	32	41	14	0
Meningococcal disease	1	5	4	12	6	7	12	10	4	8	2	3
Mumps	21	11	8	1	5	3	1	0	0	0	1	1
Paratyphoid fever	5	0	1	1	4	1	4	1	3	1	5	5
Pertussis	113	93	121	107	101	111	83	64	72	70	77	81
Rheumatic fever[4]	12	10	3	4	9	15	16	11	15	22	14	9
Rickettsial disease	1	0	0	0	1	0	0	0	1	1	0	0
Rubella	0	0	0	0	0	0	0	0	0	1	0	1
Salmonellosis	95	110	71	80	91	92	99	57	66	81	107	102
Shigellosis	16	22	21	18	15	17	21	8	12	10	11	9
Tuberculosis disease	28	36	32	33	25	22	12	20	27	28	26	22
Typhoid fever	4	5	1	3	3	1	2	1	4	2	5	4
VTEC/STEC infection	52	26	17	32	38	22	23	19	15	34	53	55
Yersiniosis	68	68	69	113	110	81	79	60	54	68	77	46

[1] These data are provisional.

[2] Cases of gastroenteritis from a common source or foodborne intoxication.

[3] Only acute cases of this disease are currently notifiable.

[4] Numbers are based on report date. This may not be a good indicator of newly incident cases as a high proportion of notifications have substantial reporting delays.

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